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Facsimile**CONFIDENTIAL****Date:** February 17, 2004**Pages (including cover):** 2**TO:****Recipient Name****Firm/Company****Fax****Telephone**

Examiner Christopher
E. Lee

USPTO

703.746.9248

FROM: BILL SILVERIO**Email address:** bill.silverio@sablaw.com**Telephone:** 404.853.8214**User number:** 3720 **Client number:** 17698-0006**Message:**

Re: Application Initiated Interview Request Form
Application No. 09/591,258

Mr. Lee:

Please contact me at 404.853.8214 so that we can set up a new time for the
interview. Thanks.

Best regards.

Bill Silverio

This message is intended only for the use of the individuals or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination or distribution of this communication to other than the intended recipient is strictly prohibited. If you have received this communication in error, please notify us immediately by collect telephone at 404.853.8813 and return the original message to us at the above address via the U.S. Postal Service. Thank you.

Atlanta

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Austin

■

New York

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Tallahassee

■

Washington, DC

AO 1073783.1

Applicant Initiated Interview Request Form

Application No.: 09/591,258 First Named Applicant: Mark Leach
 Examiner: Lee, Christopher E Art Unit: 2189 Status of Application: Non-Final Rejection
 FAX # 703-746-9248 RCE

Tentative Participants:

(1) Mark Leach (inventor) (2) William Silverio (attorney)
 (3) _____ (4) _____

Proposed Date of Interview: 3/9 Proposed Time: 1 (AM/PM) (PM)

Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej. (103a)</u>	<u>12</u>	<u>U.S. Patent Nos.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	<u>5031209, 6212550,</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	<u>6,49,183</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Discussion re. teachings of Prior Art noted above, the invention disclosed in the
present application, and 1 or more independent claim amendments

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

William R. John 404-853-8214

(Applicant/Applicant's Representative Signature)

(Examiner/SPE Signature)

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.